

Award# 6 NU65PS923756-03-02 FAIN# NU65PS923756

Federal Award Date: 02/11/2025

Recipient Information

1. Recipient Name

SOMEONE CARES INC OF ATLANTA 1950 Spectrum Cir SE Ste 140A Marietta, GA 30067-8470

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier (UEI)
- 7. Project Director or Principal Investigator

Mr. Ronnie Bass

Executive Director

ronniebass@s1catl.org

678-921-2706 x 100

8. Authorized Official

Mr Winston Liburd

Grantee

adolphusliburd@s1catl.org

6789212706 Ext.104

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Anthony Fultz

Grant Management Specialist

qjj7@cdc.gov

(404)498-4033

10.Program Official Contact Information

Ronald Buchanan

GSF8@cdc.gov

404-639-5200

Federal Award Information

11. Award Number

6 NU65PS923756-03-02

12. Unique Federal Award Identification Number (FAIN)

NU65PS923756

13. Statutory Authority

This program is authorized under Sections 301 and 318(a) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended.

14. Federal Award Project Title

Someone Cares high-impact HIV prevention program for Young Transgender Persons of Color

15. Assistance Listing Number

93 930

16. Assistance Listing Program Title

HIV Prevention Activities Non-Governmental Organization Based

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

10	Dudget Devied Ctant Date	04/01/2024	End Date	02/21/2025	

20.). Total Amount of Federal Funds Obligated by this Action		
	20a. Direct Cost Amount	\$0.00	
	20b. Indirect Cost Amount	\$0.00	
21.	Authorized Carryover	\$0.00	

22. Offset

23. Total Amount of Federal Funds Obligated this budget period \$400,000.00
 24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$400,000.00

26. Period of Performance Start Date 04/01/2022 - End Date 03/31/2027

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$1,200,000.00

\$0.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer

30. Remarks

DEPARTMENT OF HEALTH AND HU

Centers for Disease Control and Prevention

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Recipient Name

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Congressional District of Recipient

06

Payment Account Number and Type

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

Recipient's Unique Entity Identifier (UEI)

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

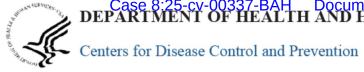
$\hbox{II. Total project costs including grant funds and all other financial participation}\\$				
a. Salaries and Wages	\$220,810.00			
b. Fringe Benefits	\$67,678.00			
c. TotalPersonnelCosts	\$288,488.00			
d. Equipment	\$0.00			
e. Supplies	\$20,346.00			
f. Travel	\$10,898.00			
g. Construction	\$0.00			
h. Other	\$47,917.00			
i. Contractual	\$2,000.00			
j. TOTAL DIRECT COSTS	\$369,649.00			
k. INDIRECT COSTS	\$30,351.00			
l. TOTAL APPROVED BUDGET	\$400,000.00			
m. Federal Share \$400,000.0				

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-93908J1	22NU65PS923756	PS	41.51	93.939	\$0.00	75-22-0950
2-9390JS5	22NU65PS923756	PS	41.51	93.939	\$0.00	75-22-0950
3-93908J1	22NU65PS923756	PS	41.51	93.939	\$0.00	75-23-0950
3-9390JS5	22NU65PS923756	PS	41.51	93.939	\$0.00	75-23-0950
4-93908J1	22NU65PS923756	PS	41.51	93.939	\$0.00	75-24-0950
4-9390JS5	22NU65PS923756	PS	41.51	93.939	\$0.00	75-24-0950

n. Non-Federal Share

\$0.00



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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

SOMEONE CARES INC OF ATLANTA

6 NU65PS923756-03-02

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.